

or the offices of the Board of Governors not later than November 2, 2001.

**A. Federal Reserve Bank of Dallas**  
(W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Outsource Holdings, Inc.*, Lubbock, Texas; to acquire Jefferson Mortgage Services, Inc., Dallas, Texas, and Orr Lease, Inc., Dallas, Texas, and thereby engage in extending credit and servicing loans, pursuant to § 225.28(b)(1) of Regulation Y, and in leasing personal or real property, pursuant to § 225.28(b)(3) of Regulation Y.

Board of Governors of the Federal Reserve System, October 15, 2001.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 01-26319 Filed 10-18-01; 8:45 am]

BILLING CODE 6210-01-S

## GENERAL SERVICES ADMINISTRATION

### Office of Communications

#### Cancellation of an Optional Form by the Office of Personnel Management (OPM)

**AGENCY:** Office of Communications, GSA.

**ACTION:** Notice.

**SUMMARY:** The Office of Personnel Management (OPM) cancelled of 630, Leave Recipient Application Under the Voluntary Leave Transfer Program. The form was only available with FPM Letter 630-33 which no longer exists. OPM developed their own form (OPM 630) which they are happy to share with you. To obtain a copy of this form, go to the following internet site: <http://www.opm.gov/forms>.

**DATES:** Effective October 19, 2001.

**FOR FURTHER INFORMATION CONTACT:** Ms. Barbara Williams, General Services Administration, (202) 501-0581.

Dated: October 12, 2001.

**Barbara M. Williams,**

*Deputy Standard and Optional Forms Management Officer, General Services Administration.*

[FR Doc. 01-26342 Filed 10-18-01; 8:45 am]

BILLING CODE 6820-34-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Notice of Meeting: Secretary's Advisory Committee on Genetic Testing

Pursuant to Public Law 92-463, notice is hereby given of the eleventh meeting of the Secretary's Advisory Committee on Genetic Testing (SACGT), U.S. Public Health Service. The meeting will be held from 9 a.m. to 5 p.m. on November 15, 2001 and 8:30 a.m. to 3 p.m. on November 16, 2001 at the Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814. The meeting will be open to the public with attendance limited to space available.

The Committee will discuss a number of topics, including the status of FDA activities to implement SACGT's recommendations for oversight of all new genetic tests; the outcomes and discussion of a roundtable meeting convened by the Education Work Group on how genetics fits into current or future health practice, major genetics educational needs of various disciplines of professions (e.g., core competencies, faculty needs, and training issues), and obstacles and gaps in the integration of genetics into health professional education and practice; and the Informed Consent Work Group's draft brochure for the general public on genetic testing and the status of the development of principles of informed consent in clinical and public health settings. The Committee will also begin exploring issues in the development, oversight, availability and accessibility of genetic tests for rare diseases through a number of invited presentations. In addition, the Committee is scheduled to be briefed by Congressional staff on the status of genetic discrimination legislation. Time will be provided for public comment and interested individuals should notify the contact person listed below.

Under authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, the Department of Health and Human Services established SACGT to advise and make recommendations to the Secretary through the Assistant Secretary for Health on all aspects of the development and use of genetic tests. SACGT is directed to: (1) Recommend policies and procedures for the safe and effective incorporation of genetic technologies into health care; (2) assess the effectiveness of existing and future measures for oversight of genetic tests;

and (3) identify research needs related to the Committee's purview.

The draft meeting agenda and other information about SACGT will be available at the following web site: <http://www4.od.nih.gov/oba/sacgt.htm>. Individuals who wish to provide public comment or who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the SACGT Executive Secretary, Ms. Sarah Carr, by telephone at 301-496-9838 or E-mail at [sc112c@nih.gov](mailto:sc112c@nih.gov). The SACGT office is located at 6705 Rockledge Drive, Suite 750, Bethesda, Maryland 20892.

Dated: August 12, 2001.

**Sarah Carr,**

*Executive Secretary, SACGT.*

[FR Doc. 01-26392 Filed 10-18-01; 8:45 am]

BILLING CODE 4140-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-02-04]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written

comments should be received within 60 days of this notice.

Proposed Project

Survey of Consumer Reaction to Canadian-style Warning Labels of Tobacco Products—NEW—The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC), proposes to conduct a national survey of young persons to assess their attitudes towards larger and

more graphic cigarette warning labels, such as those currently used in Canada. Although the purpose of cigarette warning labels is to alert consumers about the health hazards of smoking, research suggests that current U.S. warnings fail to get the attention of smokers, an important first step if warnings are to have any deterrent effect. Cigarette warning labels have not changed since 1984 in the United States.

The proposed study will be conducted through implementation of a

web-based survey. We propose to administer a 10 minute survey to 2000 persons 18 to 24 years of age. The survey will include images of Canadian cigarette packs with their current warning labels and questions about reactions to these warnings, including acceptability, and perceived usefulness (perceived impact on starting to smoke or deciding to quit). The results of this study will be shared with policy makers and public health officials. There are no costs to respondents.

Respondents	Number of respondents	Responses/respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Persons 18–24 years old .....	2000	1	10/60	333
Total .....	.....	.....	.....	333

Dated: October 12, 2001.  
**John Moore,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*  
[FR Doc. 01–26320 Filed 10–18–01; 8:45 am]  
**BILLING CODE 4163–18–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–02–03]

Proposed Data Collections Submitted for Public Comment and Recommendations

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use of automated collection techniques or other forms of information technology. Send comments to Anne O’Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Perceptions of Tuberculosis Among Foreign Born Persons: Ethnographic Studies—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

The National Center for HIV, STD, and TB Prevention, CDC proposes to conduct an ethnographic study to assess the attitudes, beliefs, and practices of selected foreign born persons regarding tuberculosis (TB). The purpose of this two-year effort is to provide formative research findings to use when designing future surveys, planning interventions, and evaluating programs to improve TB screening and adherence to therapy among foreign born persons. This research will also identify program gaps in addressing the special needs of these populations. A review of published data and consensus among TB researchers suggest that elimination of TB in the United States will depend largely upon reducing the impact of the disease among the foreign born. Currently, almost half of all domestic TB cases occur among foreign-born persons, and this proportion is growing. Providing culturally appropriate and responsive services to people from a variety of ethnic and cultural backgrounds is a challenge for local TB control programs and has been identified as a priority area in TB elimination activities.

Recognizing this challenge, the CDC Working Group on Tuberculosis Among Foreign Born Persons in 1998 developed recommendations for increasing emphasis on prevention and control of TB in foreign-born populations. The recommendations highlighted the need to utilize operational and behavioral research to gain a better understanding of relevant barriers to diagnosis and care. While few studies have examined these issues with the goal of developing practical tools to enhance TB services, one research project, conducted in New York State among Vietnamese refugees, created a valid research method for assessing TB issues among this population. The project resulted in policy change that increased this group’s adherence to therapy.

The proposed study will build upon this research with Vietnamese refugees but will incorporate several cultural groups in four U.S. cities with a high burden of foreign-born TB patients. In depth ethnographic interviews will be conducted with 200 adults from the four ethnic/cultural groups, 50 per site. The information will be gathered by trained professional, multilingual/multi-cultural interviewers who will be rendered by the contracting agent. The data collection instrument will be comprised of semi-structured and open-ended questions intended to elicit a full range of responses concerning the participants’ cultural beliefs and attitudes toward TB. Interviews will last no longer than one hour. Analysis of data will be performed with Atlas.ti, a qualitative analysis computer program.

The ultimate project outcomes will include a cultural competency resource manual with profiles of TB beliefs and behaviors from the studied cultural groups. The manual will assist local and